

# STATE OF NEW HAMPSHIRE

### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

JUL 2 1 2017

RECEIVED

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)		(	Camille Cooper		
II. Name o	of lobbyist's partne	rship, firm	or corporation, if an	ıy:	
	National Asso	ociation to	Protect Childre	en	
	(Name of part	nership, firm o	or corporation)		
	P.O. Box	2187	Knoxville	TN	37901
Business Ac	ldress: (Street)		(Town/City)	(State)	(Zip Code)
(865	525-0901 Telephone)	(	) N/A (Fax)	e-mail <b>jen</b>	niferallen@protect.org
reportable	e expense transaction	ons which a	re not attributable t	o any one client).	ou may file a separate report for
X All rep	ortable transactions	occurring in	the months prior to t	the reporting date relativ	e to the following client:
			Protect Childre		
<u>OR</u>	(Fult N	ame of Client	as it appears on the Lo	bbyist Registration Form)	
☐ All repo	ortable transactions or any particular clie	•	st (including the lob	byist's family), or the lo	bbying firm listed below which are
IV. Date o Reports cov		26, 2017 L	ation to 3/31/17	July 26, 2017 activity from 4/1/17 to 6	
		er 25, 2017 from 7/1/17 to		January 31, 20 activity from 10/1/17 to	
	is checked, complete			<b>transactions made s</b> e Secretary of State's O	ince the last report.   Given State House, Room 204.
VI. Check	if additional repor	ts are attac	ned:		
	-			ile <b>Addendum A</b> – Fees	and Expenses
	have paid an honora	arium or rein	abursed expenses, yo	u must file Addendum	<b>B</b> – Report of Honorariums or
=		family has m	ade political contribu	utions, you must file Ad	dendum C- Political Contributions
I have read	itement/Affirmatio I RSA 15, RSA 15-E ete to the best of my	3, RSA 14-C	and RSA 664 and he	·	at the foregoing information is true
/Cianific	of labbuilty			7-11-1	(Date)
	e of lobbyist)				(Date)
	le Cooper				
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# STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Camille Cooper		
II. Name of lobbyist's partnership	o, firm or corporation, if any:		
National Association to F	Protect Children		
(Name of partnership, fire	n or corporation)		-
III. Name of Client National As	sociation to Protect Children	Date _	7-11-17
to lobbying, including fees for service	eceived from the client identified above es such as public advocacy, governmentation, and related legal work. The gr	t relations,	or public relations service
a) Total of all fees received in this rep	orting period	a) \$	189
	ndar year, prior to this reporting period prior monthly reports for this calendar y		1,104
c) Total of all fees received to date (Add lines a and b)		c) \$	1,293
d) Indicate the amount of any such fe yet been paid	es that are due, but have not	d) \$	0
fees. Separate reports are to be filed the lobbyist(s)/firm that are unrelated Expenses are to be reported in one of during the reporting period for salaric individual expenses where the expendiunch where the cost was \$25.00 or lebeing lobbied, purchase of a ceremon (c) an itemized statement of each individual expenses not covered by (a) (for ceremonial object to be given to the restaurant expenses for a legislative	rms, or corporations are required to repfor expenditures made relative to each do to any one client a separate report of three categories of expenses: (a) these, benefits, support staff, and office eliture was of \$25.00 or less (for exampless, purchase of a pen with a value of lest object given to a person being lobbic vidual expenditure made during this representation of the lobbying with a value great reception). Expenses for honorariums rate addendums and should not be reported.	client and it may be file e aggregate xpenses; (b ele: meals pu ess than \$10 ed with a va orting perio- ue of greate er than \$25 s, expense r	f expenditures are made by d for the lobbyist(s)/firm total of all expenses paid the aggregate total of all archased during a busines that is given to the personalue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of but not greater than \$50 eimbursement, or political
a) Total aggregate expenses for this re support staff, and office expenses, rela		a) \$	218
b) Total aggregate of expenditures du in a), of \$25 or less.	ring this reporting period , not reported	b) \$	0
c) Total of all itemized expenditures r	eported in detail in section VI.	c) \$	0

d) Total expenses for this reporting period	d) \$	218	
(Add lines a, b and c)			
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	1,249	
f) Total of all expenses year to date	f) \$	1,467	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees	during this reporting	
Paid to:	Amount:		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$	<u>.</u>	
Sworn Statement/Affirmation by Lobbyist			
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the fo	oregoing information	
	7-	11-17	
(Signature of lobbyist)	(1	Date)	
Camille Cooper			
(Print Name of lobbyist)			